



DELIVERY UNIT SUMMARY

To request DMM A920 Service, please complete this form **IN IT'S ENTIRETY**, sign and mail it and your electronic address file or address cards to the appropriate address shown on the back.

Customer Information:

5-Digit ZIP Code Submitted:	Submitting: <input type="checkbox"/> Cards <input type="checkbox"/> Address File	No. of Boxes/Containers Submitted:	Date Submitted:
Address Groups: <input type="checkbox"/> City Residential <input type="checkbox"/> City Business <input type="checkbox"/> City Residential/Business <input type="checkbox"/> Rural <input type="checkbox"/> PO Box <input type="checkbox"/> All			
Are you a current CDS Customer? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what is your CDS customer number:			
Company Name:			
Primary Contact:		Secondary Contact:	
Mailing Address:			
City:		State:	ZIP+4:
Billing Address (If different from mailing address):			
City:		State:	ZIP+4:
Primary Contact Phone Number: ()	Primary Contact Fax Number: ()	Primary Contact Email Address:	
Secondary Contact Phone Number: ()	Secondary Contact Fax Number: ()	Secondary Contact Email Address:	

If qualified, do you wish to receive Electronic CDS files? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how often: <input type="checkbox"/> Weekly <input type="checkbox"/> Bimonthly If yes, billing option: <input type="checkbox"/> Bimonthly <input type="checkbox"/> Annually Do you rent/lease your lists? <input type="checkbox"/> Yes <input type="checkbox"/> No	CDS Medium Selection (If qualified, select one)				
	<input type="checkbox"/> 3480 Cartridge	<input type="checkbox"/> CD-ROM	<input type="checkbox"/> 3 1/2" Disk	<input type="checkbox"/> Email (3 meg)	<input type="checkbox"/> FTP
	Density:	38K BPI	—	1.44M	—
	Label Option:	NL	NL	NL	—
Character Set:	EBCDIC	ASCII	ASCII	—	—

Level Of Service Requested: (select one)

- ☐ Sequencing of Addresses (A920.2.0)
☐ Sequencing of Addresses, plus identify location of missing addresses (A920.3.0)
☐ Sequencing of Addresses, plus adding missing or new addresses (A920.4.0) (Required for CDS qualification)

Customer acknowledges, by his/her signature below, that the above named individuals are authorized to act on behalf of their company in matters regarding acquisition of sequencing information from the United States Postal Service. Customer also acknowledges that he/she understands the terms and conditions outlined in the Domestic Mail Manual Section A920, and in the CDS Customer Brochure as they relate to qualification and acquisition of CDS files. Customer acknowledges that all requests for processing will be identified on a USPS password-secured website.

Name of Authorized Company Representative (please print)

Signature of Authorized Company Representative

Date

Note: Columns A and B **must** be completed by customer.

A	B	C	D	E	F	G	H	I
Carrier Route Number (All Services)	Count (All Services)	Changes (All Services)	Nonchargeable Services		Chargeable Services		Total Returned (All Services)	Total Current Possible Deliveries (All Services)
			Missing Addresses (All Services)	Rural Addresses Converted (All Services)	Nonexistent Addresses Removed (All Services)	New Addresses Added (4.0)		
Totals:								

Completed by USPS		Internal USPS Use Only	
Total from Columns F & G		Scheme Used:	
X	\$.25	Supervisor's Signature:	Date Signed:
Invoice Amount Due =		Date Cards/Files Received:	Date Cards/Files Returned:

<p>Mail Electronic Address Files to:</p> <p>CDS DEPARTMENT NATIONAL CUSTOMER SUPPORT CENTER UNITED STATES POSTAL SERVICE 6060 PRIMACY PKWY STE 201 MEMPHIS TN 38188-0001</p>	<p>Mail Payments for Electronic Address Files to:</p> <p>ACCOUNTS RECEIVABLE NATIONAL CUSTOMER SUPPORT CENTER UNITED STATES POSTAL SERVICE 6060 PRIMACY PKWY STE 201 MEMPHIS TN 38188-0001</p>
<p>Mail Address Cards to:</p> <p>MANAGER ADDRESS MANAGEMENT SYSTEMS UNITED STATES POSTAL SERVICE <<street address>> <<city, state, ZIP+4>></p>	<p>Mail Payments for Address Cards to:</p> <p>MANAGER ADDRESS MANAGEMENT SYSTEMS UNITED STATES POSTAL SERVICE <<street address>> <<city, state, ZIP+4>></p>

Transmit **Electronic Files** to:
 Web Address: www.ribbs.usps.gov
 Email: encsc@email.usps.gov
 (maximum email size: 3 meg)